

DEC 02 2005

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**FACSIMILE TRANSMITTAL SHEET**

**TO:** Examiner Lee S. Cohen – Group Art Unit: 3739

**FIRM/COMPANY:** U.S. Patent and Trademark Office – Mail Stop Amendment

**FACSIMILE NUMBER:** (571) 273-8300

**CONFIRMATION  
TELEPHONE:** 571.272.4763 (Examiner)

**FROM:** Anne Marie Leavy for Edward J. Lynch

**DIRECT DIAL:** 415.371.2217

**DATE:** December 2, 2005

**USER NUMBER:** 5121

**FILE NUMBER:** Docket No. R0370-02101

**TOTAL # OF PAGES:** 29  
(INCLUDING COVER SHEET)

**RECEIVED**

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TECHNOLOGY CENTER R3700

**MESSAGE:** Attached is an Amendment and Response to the Office Action mailed 6/07/2005 in connection with Reissue application Serial No.: 10/601,288 filed June 20, 2003.

*Please confirm receipt of this facsimile.*

**NOTE:** Original will NOT follow

**CONFIDENTIALITY NOTICE**

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## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue application of

Patent No. 6,251,107

Issued: June 26, 2001

Inventor: Alan K. Schaer

Reissue Serial No.: 10/601,288

For: EP CATHETER

Filed: June 20, 2003

Examiner: Lee S. Cohen

Group Art Unit: 3739

Atty. Docket No.: R0370-02101

TRANSMITTAL

## CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (541) 272-8300, addressed to Examiner Lee S. Cohen, at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 2, 2005, in San Francisco, CA.

  
 Anne Marie Leavy

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 6/07/2005.

2. Claim Fee Calculation

☒ No additional claim fee is required.  
☐ Amendment increases number of claims or multiple dependencies.

## Additional Claim Fee Calculation

| Description        | Fee Code | Claims    | Extra | Rate   | Fee  |
|--------------------|----------|-----------|-------|--------|------|
| Independent Claims | 2201     | 18 - 18 = | 0 x   | \$100= | \$ 0 |
| Total Claims       | 2202     | 76 - 77 = | 0 x   | \$25=  | \$ 0 |

3. Additional fees: Request for Extension of Time for three (3) months from September 7, 2005 to December 7, 2005 pursuant to 37 CFR 1.17(a)(3)..... \$510

Total Fees Due..... \$510

4. Payment of Fees

Enclosed is a check for the total fees due in the amount of \_\_\_\_.  
☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0370-02101.  
 A duplicate copy of this transmittal is enclosed.

By: 

Edward J. Lynch

Registration No. 24,422

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